

# EXPANDING YOUR HORIZONS ♦ REGISTRATION FORM ♦ November 7, 2009

Be sure to complete ALL sections of the registration form

Register Early! Program fills quickly!

♦ REGISTRATION DEADLINE IS OCTOBER 23, 2009 ♦

Name: \_\_\_\_\_

*first/last*

Address: \_\_\_\_\_

*street or rural route and box number*

city/state/zip \_\_\_\_\_

Phone: *home* \_\_\_\_\_

E-mail: \_\_\_\_\_

School Name: \_\_\_\_\_

School City: \_\_\_\_\_

**Group Information:** For groups arriving and departing together.

**Group Name:** (ex. Atwood Community Center, Watertown Schools, etc.)  
\_\_\_\_\_

Student's Current Grade: 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_

Lunch Preference: Vegetarian \_\_\_\_\_ Non-Vegetarian \_\_\_\_\_

## **COST: \$25 per person**

Registration fee includes full-day conference and catered lunch.

**MAKE CHECK OR MONEY ORDER PAYABLE TO EYH.**

*If you need financial aid for the registration fee, check here \_\_\_\_.*

**QUESTIONS ABOUT YOUR REGISTRATION? CALL (800) 236-2710, EXT 1163**

This information is collected to enhance the programming efforts of the University of Wisconsin-Madison and is voluntary.

SEX: Female \_\_\_\_ Male \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

HERITAGE: American Indian/Alaskan Native \_\_\_\_ Hispanic/Latino \_\_ White \_\_\_\_

Black/African American \_\_ Asian/Pacific Islander \_\_\_\_ Other \_\_\_\_\_

## **NOTE TO PARENTS ABOUT PUBLICITY**

Local news media sometimes send camera crews and reporters to our programs. We also often film and take photographs of our programs for our records or to promote future programs. If you are NOT willing to have your child included in any of these pictures or interviews, please include a note to that effect with your registration form.

## **SELECT YOUR PREFERENCES!**

SELECT **TWO** BROAD AREAS (SEE BACK SIDE FOR DESCRIPTIONS). You will be assigned to a career exploration activity in one of your preferred areas and one area you don't select to expand your horizons.

My Career Interests are: (see descriptions on back)

Animal Science

Biology & Life Sciences

Computers in Science

Environment

Engineering

Health & Medicine

Math

Physical Sciences

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Have you attended this conference before? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note:** All participants are expected to remain at the conference for the entire day.

If you have a disability and require special accommodations, please advise us when you register. Requests are confidential. UW-Madison provides equal opportunities in employment and programming including Title IX requirements. Translation services may be provided upon request. Student participants are encouraged to have their own health insurance as limited accident insurance is provided by the university.

## **PERMISSION FORM FOR CAREER EXPLORATION SITE VISITS**

I hereby give permission for my child to participate in site visits under staff supervision, and agree to hold harmless the Board of Regents of the University of Wisconsin System and other sites visited and their employees from any and all liability, injury or loss arising out of, or occurring in the course of my child's participation in this program. I certify that my child is fit to participate in all program activities. In case of emergency I grant permission for my child to be given treatment at a local hospital.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

Day of Conference Contact Number: \_\_\_\_\_

(NO STUDENT will be allowed to participate without a signed permission form.)

## **IMPORTANT NOTES ABOUT REGISTRATION:**

Enrollment confirmation, including directions to the event, will be e-mailed to you. Please DO NOT assume that you are registered unless you have received written confirmation that a place has been reserved for you. All applications must be signed by a parent or guardian and be accompanied by full payment or a request for scholarship aid. We are unable to accommodate special requests such as placement in a particular career track or placement with a particular friend/classmate.

\_\_\_\_\_  
E-mail of parent/guardian or group leader for confirmation

**Send payment made out to EYH and registration form to:**

**EXPANDING YOUR HORIZONS**

**Girls Scouts of Wisconsin-Badgerland**

**Attn: Ella Benson**

**2710 Ski Lane**

**Madison, WI 53713**